Web date: 02/27/2013



35030 SE Douglas Street, Suite 210 Snoqualmie, WA 98065-9266 **206-296-6600** TTY Relay: 711

www.kingcounty.gov

UNINCORPORATED KING COUNTY
License Application
Adult Manager/Entertainer

For alternate formats, call 206-296-6600.

Application for businesses in unincorporated King County only

Application for Adult Entertainment Manager / Entertainer License - \$75  (Send or bring application and fee to the Department of Permitting at the address above.) Make checks payable to King County Office of Finance.)  Check one:   Renewal  PRINT OR TYPE:	Office Use Only  Fee \$ Check Cash Late Fee Date paid Receipt # License # Expiration Fingerprints Date issued
Name (First) (Middle) Aliases Home address	(Last)
Mailing address	
Date of Birth Place of Birth	Home phone
Driver License State Issued License #	Exp. Date
Height Weight Eye color	Hair color
Social Security # (Disclosure of your SS# is VOLUNTARY an	d will be used for identification purposes only.)
Provide the names, addresses and telephone numbers of each adult enter will work as an adult entertainment manager or entertainer:  Name of Business  Address	Tainment business at which you  Telephone #
Do you hold <i>other</i> adult entertainment-related license(s) issued by <i>another</i> If yes, please provide the name(s) and address(es) of the business(es):  Name of Business  Address	er jurisdiction?(yes / no)  Telephone #

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				or revoked within the la			
preceding this application? If yes, please provide the following information:							
Name of Business	ame of Business Address						
Date action taken		What type of adult entertainment license					
Action (suspensio	, denial, revocation, etc.) Jurisdiction						
Reason for action							
Current status							
Have you beer minor traffic in	n the subject of a b	oail forfeiture, adver e last 5 years?	se finding or convict	ion (other than parking o	ffenses or		
If yes, please court disposition	provide list, includ	ing (1) date of conv	iction, (2) nature of t	he crime, (3) name and	ocation &		
Date	Nature of crime	Court name	Location	Disposition			
l,				_ , being first duly sworn upor	n oath, state		
and/or revocation been examined by	of any license granted y me and the matters	d, that the answers conta and things set forth are t	ained in the application a	ise, and I declare under penali and any accompanying informate. I further understand that fa license.	ation have		
				Applicant's signature			
Subscribed and sworn to before me on		on	by				
			Signature, Notary P	ublic for King County	_		
			My appointment e				
OFFICE USE ONI  Fingerprint car							
Attached: two	color photographs of						
Proof that app! Replacement f	licant is over 18 years	of age					
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Check out the Department of Permitting Web site at <a href="https://www.kingcounty.gov/permits">www.kingcounty.gov/permits</a>